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ABSTRACT

Part I of this report describes processes used to develop and implement the 2-year Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project. The underlying focus of the 5-day training sessions is a team approach to investigation, intervention, and treatment. A process description discusses the impetus for the project and the techniques used to get the project started. Specifically described are methods used to develop a sound curriculum, help community professionals develop a team approach to training, and establish the institute as a continuing resource for training. Finally, recommendations for replicating the institute are given. Part II reports findings of the impact evaluation conducted after the project's first year during which 10 training sessions were held, serving 248 persons who represented several disciplines. Data-gathering instruments included knowledge acquisition measures, an evaluation questionnnaire, and a self-report survey of participants' attitudes and perceptions. As no control group could be obtained for the knowledge acquisition component, changes in knowledge were not necessarily attributed to the training. Nevertheless, major findings of the evaluation indicated that the training was associated with increased knowledge about child sexual abuse; was viewed favorably by the trainees; and had a positive effect on trainees' attitudes toward child sexual abuse identification, treatment, and intervention. Appendices include the questionnaires and the institute curriculum. (Author/CB)

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Annual Report: Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/08

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Office of Programs
Texas Department of Human Resources

MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE INTERVENTION AND TREATMENT PROJECT

Annual Report

September 1, 1983, through August 31, 1984

September 30, 1984

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From the Protective Services for Families and Children (PSFC) Branch, John Brogden, education director, had major responsibility for implementing the institute; Rosemary Maldonado provided him with clerical support; David Cory, Nancy DeWees, and Loretta McCarty gave direction as executive committee members; Ethel Crear and Jim Lehrman, regional directors for child protective services, provided regional administrative support; Mary Jane McCarty, program specialist, served as program liaison with PSFC in the state office. Special appreciation is accorded to Steve Otto who coordinated activities of the institute for Tarrant County Junior College.

From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division, which is administered by Kent Gummerman, Ph.D. Project Developer Brenda Hardesty prepared the original grant proposal, and Evaluation Specialist Penny Potter conducted the impact evaluation and wrote the evaluation report. Project Specialist Lucretia Dennis-Small provided support to project staff, prepared reports to the funding source, prepared the process evaluation, and gave technical assistance. Nicholas Constant and Phyllis Jamar of the Technical Communications Unit contributed to the high quality of project documents.

GENERAL INTRODUCTION

Six projects, funded by P.L. 93-247 state grant money and jointly entitled Innovations in Protective Services, tested ideas for improving protective services for children. Overall goals established for the six projects were to—

- o strengthen permanent planning,
- o maximize the use of volunteers,
- o strengthen intake and investigation,
- o strengthen in-home service delivery, and
- o expand the usefulness of information systems.

Additional goals and objectives were developed for each project.

The six projects are Project to Study Fair-Hearings Practices in Child Protective Services; Impact of Protective Services; Coordinated Approach to Investigations and Information-Sharing; Group Services for Child Protective Clients; Foster Child Advocate Services; and Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project.

Copies can be obtained by writing to--

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EXECUTIVE SUMMARY

The annual report for Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project evaluates progress made toward achievement of the established goal and objectives.

The report is divided into two parts--Part I describes processes used to develop and implement the project. Part II reports findings of the impact evaluation that was conducted for the first year of this two-year project.

The primary focus of the training institute was a team approach to investigation, intervention, and treatment of child sexual abuse. The process description discusses the impetus for the project and the techniques used to get the project started. This part of the report discusses in detail the methods used to (1) develop a sound curriculum, (2) to help community professionals develop a team approach to training, and (3) to establish the institute as a continuing resource for training. Finally, recommendations for replication of the institute are given.

Part II of this report discusses the evaluation and its findings. The general evaluation strategy was concerned with three research areas: (1) knowledge improvement, (2) curriculum assessment, and (3) changes in attitudes and perceptions toward child sexual abuse identification, treatment, and intervention. The evaluation methodology employed knowledge acquisition instruments, an evaluation questionnaire, and a self-report survey of attitudes and perceptions. No control group could be obtained for the knowledge acquisition component; thus any changes may not necessarily be attributable to the training.

The major findings of the evaluation indicate that the institute's training--

- o led to increased knowledge about child sexual abuse,
- o was viewed favorably by the trainees, and
- o had a positive effect on the trainees' attitudes and perceptions toward child sexual abuse identification, treatment, and intervention.

PART I:

Process Description

BACKGROUND AND ORIGIN

Several problems frequently occur in the multifaceted intervention that takes place in child sexual abuse cases. The professionals involved may lack the specialized training necessary for effective intervention in such cases. Also, professionals may not always understand or appreciate the different perspectives of others who are working on the same case. These misunderstandings often impair the coordination of investigation, treatment, and case management.

The multidisciplinary institute project was established to train personnel from all professions involved in sexual abuse intervention. The project was conceived by three Texas Department of Human Resources (DHR) program directors in child protective services (CPS) who were concerned about the lack of continuity they had observed while their supervisors and caseworkers struggled with intervention and treatment issues involved in working with child sexual abuse cases.

This process description discusses the origin of the training institute; the objectives established to meet the overall goal of making training available to all professionals involved in treatment of child sexual abuse cases; and the institute's philosophy, curriculum, and training methods.

The acceptance of the institute in DHR regions 4 and 5 is mentioned, and future plans for the institute are presented. The reader should be able to get a feel for overall operations of the institute and some details about specific areas of interests.

On November 15, 1982, three DHR program directors for child placement held an interagency meeting to discuss the need for a sexual abuse intervention and treatment training institute. The anticipated site of the institute was Fort Worth. The first interagency meeting was attended by one or more representatives from these agencies: Central Counties Center for Mental Health-Mental Retardation (MHMR) Services, Texas Coalition for Juvenile Justice, Texas Juvenile Probation Commission, Texas Commission on Law Enforcement Officers Standards and Education, Texas Prosecutors Council, Texas Adult Probation Commission, Fort Worth Police Department, Concho Valley Center for Human Advancement, Tarrant County Junior College Regional Police Academy, and Texas Department of Human Resources (DHR).

At the first interagency planning meeting, the program director from Fort Worth presented information about cases of child sexual abuse that had not reached desired outcomes. She explained that although many agencies had taken parallel actions while working the same cases, these actions had not been coordinated, and desired case outcomes were not achieved as often as they might have been. The

group agreed on a proposed purpose for multidisciplinary training as a means to combat problems caseworkers now experience when two or more agencies are involved in the same child sexual abuse case. If multidisciplinary training were available, the group felt the following problems would be reduced or eliminated:

- o failure to report of sexual abuse,
- o lack of specialized knowledge/training by involved professionals,
- o lack of resources for treatment,
- o mistrust of one agency/discipline for another,
- o failure to share vital information,
- o unsuccessful criminal and civil court actions,
- o child victims' tramua after reporting sexual abuse incidents, and
- o lack of community treatment for victims and their families.

After reviewing these existing problems at the initial planning meeting, the participants discussed other topics, which included pending legislation on child sexual abuse reporting; penalties for child sexual abuse; and admission of videotaped interviews of child sexual abuse victims. Also, three areas in Texas where specialized training had brought about changes in the treatment of child sexual abuse cases were highlighted.

A discussion about possible sources of money to start a training institute touched on the feasibility of approaching federal and state sources or private foundations. The decision was made to request federal funding under P.L. 93-247.

Participants were asked to complete and return to the three program directors a questionnaire telling whether they were interested in helping to establish a multidisciplinary training institute. Ninety percent of those who returned questionnaires stated they thought the training institute should be pursued and indicated their willingness to help set up the project.

In December 1982, a concept paper describing the proposed multidisciplinary training institute was written and submitted to DHR in

response to the annual 93-247 request for proposals. The concept paper established the following objectives for the proposed project:

- **Objective 1**--to develop a sound curriculum for interdisciplinary child sexual abuse training;
- **Objective 2**--to change uninformed attitudes of trainees regarding child sexual abuse treatment and to increase trainees' knowledge and skills in child sexual abuse intervention and treatment;
- **Objective 3**--to help community professionals develop a team approach to training and case management;
- **Objective 4**--to expand community resources for child sexual abuse investigation, intervention, and treatment;
- **Objective 5**--to increase the frequency with which desired outcomes are achieved in child sexual abuse cases; and
- **Objective 6**--to establish the training institute as a continuing resource for training and for offering ongoing consultation.

In March 1983, DHR notified the three program directors that their project for establishing the training institute had been funded. They received sufficient funds to support the institute for two years. Other interagency meetings were held, and an executive committee was formed to advise and oversee establishment and operations of the training institute.

IMPLEMENTATION

PHILOSOPHY

The institute's philosophy was developed by the three program directors who pursued the concept of the training institute for the state of Texas. Two of the three program directors attended the Knoxville Institute for Sexual Abuse Intervention and Treatment. All three directors studied opinions of nationally respected practitioners and researched current practices in the treatment of cases of child sexual abuse. In the process, the three directors reached agreement on some basic principles. They concluded that the most successful

treatment models recognized the need to coordinate civil and criminal court procedures when intervening in child sexual abuse cases. Also, they agreed that initial treatment should be prompt and should be available while the family is still in crisis. The program directors further concluded that initial treatment could be effective in group or in one-on-one situations. Later, as individual family members worked on their own issues, family therapy was appropriate.

Family therapy, they believed, should come only after a specific series of events had taken place and could only be effective when each step in the process had occurred:

- o the father (perpetrator) admitted the sexually abusive behavior;
- o the perpetrator apologized to the child;
- o the perpetrator assumed responsibility for the abuse;
- o the spouse believed and supported the child;
- o the spouse indicated readiness to protect the child; and
- o the child believed she or he was not responsible for the abuse.

They were convinced that intervention and treatment in cases of child sexual abuse worked best when these treatment steps were followed in this order.

After a philosophy for the training institute had been decided, an executive committee was formed. This committee consisted of the three DHR program directors and the coordinator of the Regional Police Academy in Fort Worth, Texas. (After being hired as education coordinator for the institute, John Brodgen became an ex officio member of the executive committee). The committee agreed to form a statewide planning council and made a list of potential council members who had statewide orientation and expertise in one of the disciplines listed below:

- o child protection
- o juvenile/adult probation,
- o juvenile justice,

- o law enforcement,
- o social work/counseling,
- o state legislative processes, and
- o community education.

Other criteria for potential planning council members were--agreement on the need for the proposed institute; willingness to advocate for the institute with others in their discipline; willingness to identify training needs for their discipline; willingness to seek and identify funding sources; willingness to write funding proposals; and willingness to participate in establishment of institute curriculum.

CURRICULUM

The Knoxville Institute for Sexual Abuse Treatment and Training strongly influenced the curriculum of the Fort Worth institute. Although the three program directors liked the Knoxville curriculum, they decided to structure courses and training that would be unique to the Fort Worth facility. The executive committee appointed a work group to make recommendations about curriculum topics and content and institute instructors. Work group members represented these agencies and disciplines: TCJC Regional Police Academy (law enforcement); DHR Protective Services for Families and Children Program (social work); Tarrant County Sexual Abuse Advisory Committee (included psychologists and attorneys); Adult Probation Commission; Juvenile Probation Commission; Texas Coalition for Juvenile Justice (TCJJ); and Concho Valley Center for Human Advancement.

The diversity of the work group caused some problems. Each discipline came to the initial meetings with definite ideas about curriculum topics and content. Disagreements surfaced as each discipline suggested slanting courses with information favoring its interests. As the committee continued to meet and each discipline explained its orientation, work on the curriculum continued, and conflicts were resolved. The curriculum committee made preliminary recommendations to the planning council about course topics and course instructors.

In September 1983, John Brogden, who had worked at the Knoxville institute, was selected as education director. He finalized the curriculum with participation from curriculum committee members, the executive committee, the planning council, and instructors. Mr.

Brogden also conducted interviews and observations to test teaching skills of potential instructors. He rated them on experience in preparation of lesson plans, content and style of presentations, and congruence of their philosophy with that of the institute's founders. He rated each interviewee and made agreements with instructors who would teach at the institute. The majority of the instructors donated their time. A small number were paid to teach.

The executive committee received and approved the education director's final recommendations about the institute curriculum and instructors. Once the course topics had been approved, the director held final interviews and offered contracts to instructors. Those who agreed to teach at the institute participated in work sessions.

Each training segment was designed to make a specific teaching point. Also, the education director and potential instructors brainstormed about the optimum methods to get teaching messages across to trainees. They decided that a variety of methods had to be used to stimulate and maintain interest in the five-day training session. The methods decided upon were visual and audio aids, experiential exercises, and lectures. The education director decided that the order of training should replicate the flow of actual child sexual abuse cases. For this reason, the curriculum was structured in the order in which it now appears (see Appendix A).

The length of the institute training sessions was another issue that had to be addressed. The planning council was divided on whether to require three-day or five-day training sessions. Some law enforcement representatives wanted to be able to leave after the third day because they thought they did not need to attend sessions dealing with treatment modalities. The executive committee decided that each person who attended the institute needed to attend the entire five days. (In retrospect, the committee felt that this decision was crucial and that compromise on this issue would have destroyed the project's concept of team intervention.)

Another major task was to secure accreditations for institute courses from the various governing bodies of each discipline receiving training at the institute. The coordinator of the Regional Policy Academy in Fort Worth submitted the curriculum to the Texas Commission on Law Enforcement Officer Standards and Education. The commission reviewed and approved the institute curriculum as presented, and they authorized 40 hours of Continuing Education Units (CEU) to law enforcement officers who attended the institute training.

DHR awarded social workers 40 CEU. The Texas Education Association (TEA) approved the curriculum and awarded CEU to educators. Tarrant County Junior College (TCJC) students also receive CEU for attendance at the institute. Although the four regulatory bodies had

general questions about the institute's curriculum, no major issues arose regarding the curriculum, and no problems came up during negotiation about CEU for institute trainees.

The institute's first five-day training course was held November 7-11. Three community teams, totaling 23 persons, attended the first training session. The education director structured the curriculum so that teams spent time together planning the integration of community services once they returned home.

Although participants' evaluation of the first session indicated the training was well received, the education director assessed the curriculum after the first session. He found that trainees entered the institute with varying degrees of knowledge and preparation for intervention and treatment of child sexual abuse cases. As a result of his assessment some sessions were lengthened, others were shortened, and a session entitled "Community Organization to Combat Child Sexual Abuse" was added.

The institute began to rotate instructors. This helped the education director solve a scheduling problem and also allowed instructors the freedom to keep commitments made before the project was funded.

All instructors were evaluated by institute participants. Two instructors received low performance ratings. Subsequently, other instructors were recruited to teach those two classes.

The curriculum was reassessed continously, but after the second training session no further changes were made.

TEAM APPROACH

Throughout the five-day training session, the team approach to treatment of cases of child sexual abuse was stressed. This approach to treatment was interwoven throughout instructors' presentations in sessions on specific topics. Preference for enrollment at the institute was given to community teams. The training methods were designed to establish support and team work among individuals from the same communities who are likely to intervene and treat the same cases of child sexual abuse. The team approach was emphasized in several ways:

- Historical and chronological overviews of child sexual abuse were provided on the first day. This session pointed out logical and proper roles for each discipline as it became aware of or involved in each case.

- The session on investigation strategies suggested roles for various disciplines. The session highlighted the roles of the police and DHR and stressed the exchange of information between these two agencies. Both criminal and civil concerns were discussed. This sessions explicitly familiarized trainees with the law that makes it a misdemeanor not to report child sexual abuse cases to the police. Roles of other professionals and their obligation to consider the protection of the child were discussed.

- The session on family dynamics informed each discipline about what to expect from child sexual abusers and family members. Suggestions were given for treating various personality types.

- Instructors stressed the need for all disciplines to work together. When experiential exercises were performed, trainees were forced to assume the role of a discipline other than their own. This team exercise encouraged appreciation of each discipline for the role of others in cases of child sexual abuse.

During the past year, 10 institute sessions were held (November 7-11, December 5-9, January 9-13, February 6-10, March 12-16, April 2-6, May 14-18, June 4-8, July 9-13, and August 6-10). Two hundred forty-eight persons attended, representing several disciplines and interests--child protective services (94), mental health (45), law enforcement (49), adult probation (10), juvenile probation (2), educators (4), child care facilities (20), women's shelter/rape crisis intervention (11), district attorneys/judges (4), and agency-connected or individual volunteers (9). Forty-two Texas municipalities were represented, and 29 teams were identified. These municipalities were represented by at least one team--Abilene, Arlington, Brownwood, Dallas, Fort Worth, Grand Prairie, Greenville, Farmers Branch, Hurst, Mineral Wells, and San Angelo.

PROBLEMS

Because they are not part of an established mainstream, demonstration projects usually present some administrative problems. An immediate problem for the institute project was the development of DHR contracts with other agencies. Procedures and systems involved in negotiating contractual agreements and budgets with potential instruc-

tors and TCJC were not clear initially. The DHR regional budget officer in Arlington helped the education director devise a method of payment that was satisfactory to all parties involved.

Early in the project, staff members forecast an insufficient amount of money budgeted for travel. The education director attended the Sixth National Conference on Child Abuse and Neglect and quickly became aware of the limited amount allocated for his travel expenses. The budget was adjusted, and host organizations were asked to assume direct responsibility for some of the director's expenses when he appeared as a guest lecturer. Also, money was transferred from one line item and put into the travel budget.

Logistics, too, were a problem for project staff members and institute trainees. Major problems included limited parking space on the downtown Fort Worth campus, hotel costs that exceeded trainees' travel allowances, the frequent necessity of transporting training equipment from TCJC's Northeast campus to the downtown campus. These problems were resolved when the training site was moved to the downtown campus and a local motel reduced its rates for institute participants.

Techniques for facilitating registration of trainees were re-evaluated by the education director and his secretary. They determined that the paper flow involved in getting trainees registered was excessive. During the second year of the project, they hope to have access to a word processor and will devise a more efficient registration system.

ACTIVITIES SCHEDULED FOR NEXT YEAR

During this past year, the education director received a large number of requests for follow-up consultation from former trainees seeking help with current cases of child sexual abuse. Also, he was asked to testify in three criminal trials. Consequently, the director has had to assess the time available to respond to these special requests, and a plan will be devised to handle them. The executive committee requested and received funds for two part-time employees to assist the education director in research and training activities. These two employees will be stipend students and will began work in the fall of 1984.

Next year, DHR will contract with TCJC to administer the project, and project staff members will become TCJC employees. Training sessions will be held at TCJC's Northeast campus, and the education coordinator and his secretary will be housed on the TCJC campus.

Three specialized workshops will be added to the 10 basic workshops. The content of these workshops will be decided when the education coordinator has assessed the needs of former students.

DHR regional directors (third-line supervisors) in the other eight administrative regions received presentations about the institute's program and requested that they be included in the training beginning in September 1985. The request was granted.

The training will become available to other DHR regions statewide, and outreach workshops now held in DHR regions 4 and 5 will be suspended.

UTILIZATION/DISSEMINATION

Dissemination of information about the project has taken several forms: seven articles were published in area newspapers informing readers about the project; the education director and members of the executive committee were readily accessible to community groups for outreach workshops throughout regions 4 and 5. Also, presentations about the institute were given to numerous child welfare board meetings by executive committee members.

A brochure announcing the second year of the institute and its purpose was written and published.

At the request of a local program director, the education director appeared at a court hearing involving child sexual abuse. He also testified as an expert witness at the legislative hearings before the Committee on Child Sexual Abuse and Pornography.

In April 1984, the executive committee and the education director presented a workshop at the statewide "Children Who Wait" Conference. The director also participated in a workshop sponsored by the Juvenile Probation Commission in Austin, Texas. On 18 occasions, the education coordinator provided telephone consultation to former students.

RECOMMENDATIONS

Those involved in the project stated that they were pleased with its progress. They eagerly looked forward to another year of training professionals from various disciplines to intervene and treat cases of child sexual abuse. Obviously, there are tasks they would approach differently if they were starting over. Consideration would be given to--

- the location of the training facility and its accessibility to major highways, hotels, and eating places;
- parking facilities;
- lodging prices;
- registration procedures;
- the number of training sessions the education director and instructors can handle comfortably (one per month seems to be excessive);
- the amount of time required for follow-up consultations and the establishment of a procedure for handling these requests; and
- the number of outreach workshops that can be scheduled comfortably and the question of whether they are necessary.

CONCLUSION

The multidisciplinary institute project has met its objectives and can be judged successful. It has developed a sound curriculum for interdisciplinary child sexual abuse training, helped community professionals develop a team approach to training and case management, and expanded community resources for child sexual abuse victims. Each training sessions has been highly rated by students.

The project staff is proceeding to establish the institute as a continuing resource for training and has already begun offering ongoing consultation to former students, the courts, and the legislature. The major task for the institute's second year of operation is to broaden its availability to regions throughout the state. In fiscal year 1985, 100 of the institute's 200 training slots will be allocated to personnel outside regions 4 and 5.

PART II:

Impact Evaluation

BACKGROUND

The number of identified cases of child sexual abuse in Texas has risen dramatically each recent year. During 1983, 6,079 cases of child sexual abuse were confirmed by the Texas Department of Human Resources (DHR).

When the problem of sexual abuse is identified in a family, a number of community agencies become involved in investigation, intervention, and treatment. Both child protective services and law enforcement agencies have a legal responsibility to investigate referrals. If criminal or civil court action is taken, the county and/or district attorney will be involved. Other agencies, such as probation departments, schools, medical facilities, and counseling/treatment agencies may be brought in. The resulting relationship can be complex and problems may arise, such as lack of specialized training, lack of complete understanding of appropriate roles and responsibilities among the various agencies and professionals involved, and poor communication. Any of these problems can produce undesirable consequences for the child.

In January 1981, a study conducted by DHR at the request of the state legislature found that there was a serious need for specialized training for professionals who work with sexual abuse cases. The study recommended that an institute be established to train personnel from all professions involved in sexual abuse intervention. The Multidisciplinary Institute for Child Sexual Abuse Treatment and Intervention Project was an outgrowth of that recommendation.

In December 1983, the institute established by the project began providing one-week training sessions every month in the theory and practice of child sexual abuse intervention and treatment. The training was offered to professionals in all appropriate fields in order to increase the level of understanding and cooperation among the various professions. The training focused primarily on a team approach to child sexual abuse investigation, intervention, and treatment in order to improve coordination of activities, sharing of information, and mutual support among child sexual abuse professionals.

EVALUATION QUESTIONS

The following questions were designed to structure the evaluation and were intended to assess the impact of the project's training activities on the participants.

- Has the trainees' knowledge about child sexual abuse increased as a result of the training?

- What is the reaction of the trainees to the training curriculum?

- Have the attitudes and perceptions of the trainees toward child sexual abuse identification, treatment, and intervention changed as a result of the training?

METHODOLOGY

The evaluation involved a pretest/posttest design for the knowledge acquisition component and a posttest-only design for the other components. Instruments for each component are discussed individually.

Knowledge Acquisition

Knowledge acquisition was determined using multiple versions of a 20-item true/false instrument (see Appendix B). The project staff administered the instrument to each trainee at the beginning of the first day of training, and a different version of the instrument was administered at the end of the last day of training. Three months later another knowledge instrument (the same version as the pretest) was mailed to each participant in order to assess retention. Readministration of the pretest instrument at follow-up eliminated the necessity of a psychometrically equivalent alternative form.

Curriculum Evaluation

At the end of training, the project staff asked each participant to complete a questionnaire concerning reactions to the curriculum (see Appendix C). The questionnaire was used to assess attitudes toward content, instructor performance, and course structure. The instrument has Likert-type items and also space for general comments.

Activities and Attitudes

Three months after training, all participants received a questionnaire concerning their activities and attitudes in the areas of child sexual abuse identification, intervention, and treatment (see Appendix D). They were asked to respond twice to each question, once to reflect their situation before training and again to indicate the current situation (after training). This procedure allows comparisons between present conditions and those before training. The method has been shown to produce very accurate data in this kind of training situation, even more accurate than an actual pretest.

RESULTS

The evaluation examined three questions and also assessed the project's overall effect on casework.

Trainees' Knowledge

The first evaluation question is, "Has the trainees' knowledge about child sexual abuse increased as a result of training?" Due to a change in instrumentation and the three-month period preceding the collection of follow-up data, complete knowledge acquisition data were available only for participants in workshops three and four. The total number of participants in the two workshops was 38. Of this group 2 had moved and 4 did not respond, for a response rate of 84.2 percent.

For this group the mean score on the pretest was 15.0. On the posttest the mean score was 17.9. This 2.9 point difference was significant ($t = -8.21$, $df = 32$, p .001). The mean on the follow-up questionnaire was 17.3. The difference between the pretest and follow-up means was also found to be significant ($t = -5.12$, $df = 26$, p .001). Therefore, it appears that the trainees gained significantly in knowledge and retained this knowledge over a period of time.

Reactions to Curriculum

The second question reads, "What is the reaction of the trainees to the training curriculum?" At the end of the training sessions trainees were asked to rate various aspects of the training on a 7-point scale, with 4 being average and 7 superior.

The trainees viewed the course instructors as being considerate and courteous (average score = 6.6), encouraging class participation (6.2), using visual aids effectively (5.8), and presenting helpful handout materials (6.1). Interaction with other students was seen as being valuable (6.0). Trainees felt that the course had inspired them to do further study in the area (6.2) and would positively affect their case handling in the future (6.4).

Overall, trainees rated the course very highly (6.4). Comments also were extremely positive, with many trainees remarking on how well organized and informative they found the course. Taken collectively, the data indicate that trainees had an extremely positive reaction to the training curriculum.

Attitudes and Perception

The last evaluation questions asks, "Have the attitudes and perceptions of the trainees toward child sexual abuse identification, treatment, and intervention changed as a result of training?" Trainees reported a significant increase in their perception of the importance of multidisciplinary teamwork. They felt better informed as to the roles of other professionals that handle child sexual abuse cases. They reported feeling more comfortable working with child molesters, victims, and mothers of incest victims. Trainees felt that the training had significantly increased their skill in handling cases, and they viewed plea bargaining as significantly more helpful then they did before training. An adequate understanding of human sexuality was perceived as being significantly more important to case handling, and trainees felt that training had significantly increased their knowledge as to the extent to which other professionals in their immediate area were prepared to serve clients in sexual abuse cases. Training did not have quite as significant an impact on trainees views on how often cases of incest should be referred to treatment agencies. On all these differences, t tests were performed, and the results were statistically significant.

In only one area was training found not to have changed the trainees attitudes. Training did not affect how often trainees coordinated and communicated with the referring party after they received a referral/report of child sexual abuse.

In summary, the evidence strongly suggests that the institute's training had a strong positive impact on the trainees' attitudes and perceptions about child sexual abuse identification, treatment, and intervention.

Impact on Casework

Participants were asked to report the number of offenders, victims, and mothers of victims they saw during the month before and the third month after training. Additionally, they were asked to report the number of referrals made, training sessions attended, and cases validated (police/CPS only). When pretest and posttest data were compared no significant differences were found in the number of offenders seen or the number of training sessions/presentations on child sexual abuse attended. For police and child protective services workers there was no difference in the number of cases of child sexual abuse validated/filed. Trainees did report seeing significantly more victims of child sexual abuse and mothers of victims in the month after training. Also, trainees reported making significantly more referrals for treatment in the month after training.

LIMITATIONS

The evaluation results are subject to several limitations. The fact that there is no control group for the knowledge acquisition component means that any changes may not necessarily be attributable to the training. It should also be noted that on the activities and attitudes components, respondents were recalling their situation before training. To the extent that they can recall accurately, the data will be valid. While this limitation may appear substantial, research on the technique suggests that recall is highly accurate.

The evaluation is also limited by the exclusion of substantive impact measures such as number and quality of interagency contacts, number of indictments and convictions of sexual offenders, and referrals to agencies that provide services to victims of sexual abuse. The evaluation and project staff jointly agreed that while those measures are important, the project has been operating for too short a time to have substantive impact on such measures during the time frame of the evaluation.

CURRICULUM
MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE INTERVENTION AND TREATMENT

Day 1

- Introductions	
- Overview of Child Sexual Abuse	Robert Hogan, Senior Counselor & Consultant - Tennessee Sexual Abuse Special Projects - Sevierville, Tennessee
- Indicators of Child Sexual Abuse	
- Dynamics of Child Sexual Abuse	John Brogden, MSSW, Education Coordinator, DHR - Forth Worth, Texas
- Human Sexuality Concerns in the Intervention and Treatment of Child Sexual Abuse	Rosenzweig, MS ACSE - Director Girls' Club of Dallas
- Reading Assignment	

Day 2

- Investigation Strategies in Sexual Abuse Cases	John Brodgen, MSSW - Education Coordinator, DHR - Fort Worth, Texas
- Interviewing the Offender	Wayne Duehn, Ph.D. Associate Professor, University of Texas at Arlington
- Interviewing the Victim:	Beth McAllister, MPA, Counselor, DHR - Ft. Worth, Texas, and Detective Don Armstrong - Grapevine Police Department
- Reading assignment	

Day 3

- Dynamics and Typology of the Offender	Rita Foust, MS - Family Alliance Center John Brogden, MSSW - Education Coordinator - DHR - Ft. Worth, Texas
- Dynamics and Intervention with the Mother of the Victim	Loretta McCarty, MSSW, Program Director DHR - Dallas, Texas
- Child Protection Assessment	Nancy DeWees, MSW - Program Director, Child Protective Services, Ft. Worth
- Reading assignment	

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Day 4

8:30-10:15	- Criminal Court Intervention	Bob Gill, Assistant District Attorney, Tarrant County
10:30-12:15	- Civil Court Intervention	Jean Hudson-Boyd, Assistant District Attorney - Tarrant County
12:15- 1:30		
1:30- 3:30	- Treatment Referrals and Modalities	Barney Hisanaga, MSSW, Clinical Supervisor, Parenting Guidance Center
3:30-	- Team Exercises	

Day 5

8:30-10:00	- Team Presentations	John Brodgen, Education Coordinator, DHR - Ft. Worth
10:30-11:30	- Community Organization to Combat Child Sexual Abuse	
11:30-	- Post Test and Evaluations	

Figure I

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MICSAIT EVALUATION
KNOWLEDGE QUESTIONNAIRE
Version A

Office Use Only

Type
- ☐ 2 Pre
- ☐ 3 Post
- ☐ 4 Follow-up

☐☐☐ ID

1 Version

☐ 1 Telephone

Name _____

Please indicate your response by checking true or false to each of the following items. Check only one alternative. If you think that the statement can be either true or false, check the alternative that reflects the situation in the majority of cases..

1. A regressed sexual abuser prefers adults as sexual partners.

   ☐ 1 True
   ☐ 2 False

2. A pedophile prefers sexual relations with teenagers.

   ☐ 1 True
   ☐ 2 False

3. A hebephile is primarily attracted to pre-pubescent children.

   ☐ 1 True
   ☐ 2 False

4. A man who sexually abuses children is motivated primarily by sexual needs.

   ☐ 1 True
   ☐ 2 False

5. A fixated offender molests children only when adult partners are not available.

   ☐ 1 True
   ☐ 2 False

6. Most sexual abusers of children could best be described as sexual psychopaths.

☐ 1 True
☐ 2 False

7. Incest has historically been taboo primarily for genetic reasons.

☐ 1 True
☐ 2 False

8. Mothers of incest victims were usually sexually abused as children.

☐ 1 True
☐ 2 False

9. The offender cannot be prosecuted if the mother refuses to sign the police report.

☐ 1 True
☐ 2 False

10. The police do not have to be notified of a sexual abuse case unless the child is in immediate danger.

☐ 1 True
☐ 2 False

11. If a defendant makes a statement to the child protective service worker admitting the abuse, it is not admissible unless he was warned of his rights.

☐ 1 True
☐ 2 False

12. A videotape of a sexually abused child should be made as soon as possible.

☐ 1 True
☐ 2 False

13. Results of pelvic exams of female victims are the only conclusive proof of sexual abuse.

☐ 1 True
☐ 2 False

14. In a civil trial, videotape testimony of a child is only admissible in cases of sexual abuse.

☐ 1 True
☐ 2 False

15. During a sexual abuse investigation the child may be interviewed at school.

☐ 1 True
☐ 2 False

16. As opposed to a criminal trial, the results of a polygraph test are admissible into evidence during a civil trial concerning a suit affecting the parent-child relationship.

☐ 1 True
☐ 2 False

17. Children cannot experience sexual arousal until puberty.

☐ 1 True
☐ 2 False

18. The sexual response system is an autonomic response.

☐ 1 True
☐ 2 False

19. Pedophiles and homosexuals are both attracted to children.

☐ 1 True
☐ 2 False

20. A person's self-esteem is affected by their sexual relationships.

☐ 1 True
☐ 2 False

MICSAIT EVALUATION
KNOWLEDGE QUESTIONNAIRE
Version B

Office Use Only

Type
☐ 2 Pre
☐ 3 Post
☐ 4 Follow-up
☐☐☐ ID
2 Version
☐ 1 Telephone

Name _____

Please indicate your response by checking true or false to each of the following items. Check only one alternative. If you think that the statement can be either true or false, check the alternative that reflects the situation in the majority of cases.

1. A regressed sexual offender prefers children as sex partners.

   ☐ 1 True
   ☐ 2 False

2. A pedophile prefers sexual relations with pre-teens.

   ☐ 1 True
   ☐ 2 False

3. A hebephile prefers sex with pubescent children.

   ☐ 1 True
   ☐ 2 False

4. A man who sexually abuses children is primarily motivated by non-sexual needs.

   ☐ 1 True
   ☐ 2 False

5. A fixated offender has a primary and abiding sexual attraction to children.

   ☐ 1 True
   ☐ 2 False

6. Most sexual abusers of children are mentally ill.

☐ 1 True
☐ 2 False

7. The incest taboo stems mainly from social concerns of our ancestors.

☐ 1 True
☐ 2 False

8. Most mothers of incest victims were not abused as children.

☐ 1 True
☐ 2 False

9. The sexual abuser can be prosecuted even if the mother will not take out a warrant.

☐ 1 True
☐ 2 False

10. The police must be notified of every case of child sexual abuse.

☐ 1 True
☐ 2 False

11. Statements made by a defendant to a Child Protective Service worker are admissible even if the person is not warned of their rights.

☐ 1 True
☐ 2 False

12. A videotape of a sexually abused child should be made as close to the time of trial as possible in order to shorten the chain of custody.

☐ 1 True
☐ 2 False

13. Medical examinations of sexually abused children often turn up no evidence of sexual abuse.

☐ 1 True
☐ 2 False

14. In a civil trial, videotape testimony of a child is admissible in all cases of child abuse.

☐ 1 True
☐ 2 False

15. Children cannot legally be interviewed at school during a child abuse investigation.

☐ 1 True
☐ 2 False

16. The results of a polygraph exam are not admissible into a criminal proceeding.

☐ 1 True
☐ 2 False

17. Children can experience sexual arousal prior to puberty.

☐ 1 True
☐ 2 False

18. The sexual response system is a voluntary response.

☐ 1 True
☐ 2 False

19. Homosexuals prefer adults as sexual partners.

☐ 1 True
☐ 2 False

20. A person's self-esteem is not affected by their sexual relationships.

☐ 1 True
☐ 2 False

MISCAIT EVALUATION
TRAINING QUESTIONNAIRE

Office Use Only

1 Sequence Number
☐☐☐ ID
☐☐ Job Title
☐☐ Age
☐ Job Setting

Name _____

Job Title _____

Age _____

Job Setting (Circle One)
Rural/Suburban/Urban

FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE INDICATE YOUR LEVEL OF AGREEMENT OR DISAGREEMENT (CHECK ONLY ONE ALTERNATIVE FOR EACH ITEM).

1. As a result of this course I may do further study in this area.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

2. This course will positively affect my case handling in the future.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

3. The instructors' attitudes towards the students appear to be considerate and courteous.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

4. Class participation was encouraged.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

5. Visual aids were used effectively.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

6. Handout material was helpful.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

7. The interaction with other students was valuable.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

8. Overall, I would rate this course (circle one)

1 2 3 4 5 6 7
Poor Average Excellent

Comments _____

_____

_____

_____

_____

MICSAIT EVALUATION
FOLLOW-UP QUESTIONNAIRE

Office Use Only

5 Sequence Number
☐☐☐ ID
☐ 1 Telephone

Name _____

For each of the following questions check the box that best represents your answer to the question. Be sure to mark only one box for each question unless specifically instructed.

1. A. Do you think multidisciplinary teamwork is important in the handling of sexual abuse cases?

☐ 5 Very important
☐ 4 Somewhat important
☐ 3 Uncertain
☐ 2 Somewhat unimportant
☐ 1 Unimportant

B. Before attending MICSAIT training how important did you consider multidisciplinary handling of sexual abuse cases?

☐ 5 Very important
☐ 4 Somewhat important
☐ 3 Uncertain
☐ 2 Somewhat unimportant
☐ 1 Unimportant

2. A. How informed are you of the roles of other professionals or agencies that handle child sexual abuse cases?

☐ 5 Very informed
☐ 4 Somewhat informed
☐ 3 Uncertain
☐ 2 Somewhat uninformed
☐ 1 Totally uninformed

B. Before attending MICSAIT training how informed were you of the roles of the other professionals or agencies that handle child sexual abuse cases?

☐ 5 Very informed
☐ 4 Somewhat informed
☐ 3 Uncertain
☐ 2 Somewhat uninformed
☐ 1 Totally uninformed

3. A. How comfortable do you feel working with a child molester? (If you do not work with child molesters, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable did you feel working with child molesters? (If you did not work with child molesters, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

4. A. How comfortable do you feel working with victims of child sexual abuse? (If you do not work with victims, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable did you feel working with victims of child sexual abuse? (If you did not work with victims, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

5. A. How comfortable are you working with the mother of an incest victim? (If you do not work with mothers, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable were you working with the mother of an incest victim? (If you did not work with the mothers, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

6. A. How would you rate your skill in handling cases of child sexual abuse?

- ☐ 5 Very good
- ☐ 4 Good
- ☐ 3 Average
- ☐ 2 Below average
- ☐ 1 Poor

B. Before attending MICSAIT training how would you have rated your skill in handling cases of child sexual abuse?

- ☐ 5 Very good
- ☐ 4 Good
- ☐ 3 Average
- ☐ 2 Below average
- ☐ 1 Poor

7. A. How often do you think cases of incest should be referred to treatment agencies?

- ☐ 4 Always
- ☐ 3 Often
- ☐ 2 Occasionally
- ☐ 1 Never

B. Before attending MICSAIT how often did you think cases of incest should be referred to treatment agencies?

- ☐ 4 Always
- ☐ 3 Often
- ☐ 2 Occasionally
- ☐ 1 Never

8. A. Do you think plea bargaining in incest cases is:

- ☐ 5 Very helpful
- ☐ 4 Somewhat helpful
- ☐ 3 Uncertain
- ☐ 2 Not very helpful
- ☐ 1 Never helpful

B. Before attending MICSAIT training did you think that plea bargaining in incest cases was:

- ☐ 5 Very helpful
- ☐ 4 Somewhat helpful
- ☐ 3 Uncertain
- ☐ 2 Not very helpful
- ☐ 1 Never helpful

9. A. How important is an adequate understanding of human sexuality to case handling?

- ☐ 5 Very important
- ☐ 4 Somewhat important
- ☐ 3 Uncertain
- ☐ 2 Somewhat unimportant
- ☐ 1 Unimportant

B. Before attending MICSAIT how important did you think an adequate understanding of human sexuality was for case handling?

- ☐ 5 Very important
- ☐ 4 Somewhat important
- ☐ 3 Uncertain
- ☐ 2 Somewhat unimportant
- ☐ 1 Unimportant

10. A. After having received a referral/report of child sexual abuse, how often do you coordinate and communicate with the referring party?

- ☐ 5 Always
- ☐ 4 Usually
- ☐ 3 Sometimes
- ☐ 2 Rarely
- ☐ 1 Never
- ☐ 8 Not applicable

B. Before attending MICSAIT training how often did you coordinate and communicate with the referring party?

- ☐ 5 Always
- ☐ 4 Usually
- ☐ 3 Sometimes
- ☐ 2 Rarely
- ☐ 1 Never
- ☐ 8 Not applicable

11. A. Do you know the extent to which professionals in your immediate area are prepared to serve clients in sexual abuse cases?

☐ 3 Yes, I know exactly which cases they can and cannot serve.

☐ 2 Yes, I have some knowledge of professional capabilities.

☐ 1 No, I do not know.

B. Before attending MICSAIT training did you know the extent to which professionals in your immediate area were prepared to serve clients in sexual abuse cases?

☐ 3 Yes, I knew exactly which cases they could and could not serve.

☐ 2 Yes, I had some knowledge of professional capabilities.

☐ 1 No, I did not know.

12. The following questions refer to the past month. (Mark N/A if you do not see clients.)

Office Use Only

☐☐ a. Approximately how many victims of child sexual abuse did you see during the past month? _____

☐☐ b. Approximately how many offenders did you see during the past month? _____

☐☐ c. Approximately how many mothers of victims did you see during the past month? _____

☐☐ d. Approximately how many referrals for treatment did you make last month involving cases of sexual abuse? _____

☐☐ e. (Police/CPS only) Approximately how many cases of child sexual abuse did you validate/file last month? _____

☐☐ f. How many training sessions/presentations on child sexual abuse did you make last month? _____

13. The following questions refer to the month before attending MICSAIT training (mark N/A if you did not see clients).

Office Use Only

☐☐	a. Approximately how many victims of child sexual abuse did you see during the month before MICSAIT training? _____
☐☐	b. Approximately how many offenders did you see during the month before MICSAIT training? _____
☐☐	c Approximately how many mothers of victims did you see during the month before MICSAIT training? _____
☐☐	d. Approximately how many referrals for treatment did you make during the month prior to MICSAIT training? _____
☐☐	e. (Police/CPS only) Approximately how many cases of child sexual abuse did you validate/file in the month prior to MICSAIT training? _____
☐☐	f. Approximately how many training sessions/presentations on child sexual abuse did you make in the month prior to MICSAIT training?